

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085360 (2)

1. Corporation Name

SOUTH PALM BEACH ANESTHESIOLOGY, P.A.



Principal Place of Business

Mailing Address

701 NORTHPOINT PARKWAY
SUITE 330
W. PALM BEACH FL 33407

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W. PALM BEACH FL 33407

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

None

4. FEI Number

65-0620896

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZANE, JEFFREY P ESO.
701 NORTHPOINT PARKWAY
SUITE 330
W. PALM BEACH FL 33407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and to be applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	WARHEIT, PETER S	3296 NORTHWEST 60TH STREET	BOCA RATON FL 33496	☐
D	GREENBERG, STUART Y	7210 AYRSHIRE LANE	BOCA RATON FL 33496	☐
D	KEUSCH, DONALD J	781 NORTHEAST 37TH STREET	BOCA RATON FL 33431	☐
D	VERTKIN, JENE J	23492 MIRABELLA CIRCLE SOUTH	BOCA RATON FL 33433	☐
D	RITTER, DAVID	6234 NORTHWEST 23RD TERRACE	BOCA RATON FL 33496	☐
D	BUSCH, ERIC	2851 SOUTH OCEAN BLVD.	BOCA RATON FL 33432	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 Change	16 Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☒	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☒	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Ritter MD Director

7-30-96

561-994-0230

CR2E034 (3/96)